



L.A. COUNTY FIRE DEPARTMENT

REPORT REQUEST FORM

The form below is designed to assist you in obtaining your report. To ensure that we gather the necessary information to process your request, please complete the areas marked “ * ” and include form with your request.

Based on the information you provide the report will be sent to you in the self-addressed stamped envelope.

All requests may take up to 10 business days to process.

(Please print)

Requestor's Name: _____

Last, First Name

Telephone number where can you be reached
between the hours of 8:00 a.m. to 4:30 p.m.: _____

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Area Code

Telephone

INCIDENT INFORMATION

1. Incident Number, if known: _____

2. Fire station that responded, if known _____

* 3. Date of Incident
(or date range if date unknown) _____

* 4. Location of Incident
(exact address or cross streets) _____

Address

City

* 5. Approximate time of day _____

:

☐ a.m.

☐ p.m.

FIRE INFORMATION

Type of fire: ☐ Vehicle ☐ Building ☐ Other

Explain: _____

If vehicle fire, please specify make, model and year of vehicle.

Make: _____

Model: _____

Year: _____

PARAMEDIC RESCUE INFORMATION

Name of Patient: _____

Last, First